INMATE/PAP	ROLEE
APPEAL FOR	M
CDC 602 (12/87)	

Board of Control form BOHE, Immets Claum

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification and committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME Manuel 4:11	NUMBER 6.45648	ASSIGNMENT		UNIT/ROOM NUMBER
A. Describe Problem: CAN AUGUST 2		stipped enterine	a the bettern	
and injured my back	,	//		
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an answer. Mant Cas	sen+ (NI-N	Less HUJ NINO (DA	stine out to	reaghen the
Floor in Front of the	Shower, but	- L slipped ("In")	The Shower	<u> </u>
If you need more space, attach one additional s	heet.			
B. Action Requested: PUT NON-5		ial, like in Ger Future ac		
Inmate/Parolee Signature: Maynus	1 24511		Date Submitted: _	11-7-25
military ratiolee Signature.	/-		Date Oublinitied	
C. INFORMAL LEVEL (Date Received: // /	<u>'/3</u>)	~: 1 · · · · · · · · · · · · · · · · · · ·	 } i #	
Staff Response: DENTED: not here		A	'	l <i>i</i> ! .
an Issus that must be dan	. 1//	/ / 1/	lt is not a custo	2 Dly 1:54-
dispite the fact that I am	n responsible:	For running the st	puse program .	
	, A1			
Staff Signature:	M, 70 , C-12	Cantral	Date Returned to Inmate: _	11/7/5
D. FORMAL LEVEL If you are dissatisfied, explain below, attach supposed submit to the Institution/Parole Region Appeals				no, CDC 128, etc.) and
This is a safety and	/ welfare	ISSUE ANY OCCI	dent showe	ed that
inmates can be seve	rely injured	In SALL Show	iers, Prevent	ive measures
like what's in Gener	1/02/		sold preven	it it Fixed
happening maning				
Signature: //www.ii///s	11		Date Submitted:	11-7-55
Note: Property/Funds appeals must be accompa	enied by a completed		•	opeal Number:

Document 11-3 Filed 05/16/2008

Page 3 of 17

Case 5:07-cv-05125-JF

CDC 602 (12/87)

State of California

Department of Corrections CDC Form 695

INMATE/PAROLEE DISCIPLINARY APPEALS SCREENING FORM

•	•	•
		PBSP Log#
Name	F45048	C12-248 120 H
Number	•	Housing
YOUR A	APPEAL IS BEING REJECTED/CANCELED A	ND RETURNED FOR THE FOLLOWING:
Screenin	ng Appeals Rejection Criteria	
	The resolution is not within CDC's jurisdiction	, CCR 3084.2 (e) and 3084.3 (c) (1).
[] 2.	The appeal duplicates the appellant's previous [] (a) Your appeal has been screened out on [] (b) Your appeal is being reviewed at the [] (c) Your appeal has been completed at the	
[] 3.	The appeal concerns an anticipated action or co	lecision, CCR 3084.3 (c) (3).
[] 6.	The appeal exceeds the 15 working days time could/did not submit the appeal within the time	limit, and the inmate has failed to offer a credible explanation as to why he e limit, CCR 3084.2 (c), 3084.3 (c) (6), and 3084.6 (c) (effective Nov.96).
Ð 8	excessive, CCR 3084.4 (a).	re than one non-emergency appeal within a seven-calendar-day period is
	[] (b) Inappropriate statements. The Appeare rejected, CCR 3084.4 (b).	l contains false information, profanity, or obscene language, the appeal is
	[] (c) Excessive verbiage. Appeal cannot be documentation, CCR 3084.4 (c). [] (1) Only allowed 1 added page, f per CCR 3084.2 (a) (1).	e understood or is obscured by pointless verbiage or voluminous, unrelated front and back, to describe the problem and action requested in sections A and B
	[] (d) Lack of cooperation. Appellant refused cancellation of the appeal per CCR 3084 [] (1) Your appeal was screened out an	
	[] (e) Failed to reasonably demonstrate the inmate's welfare, per CCR 3084.1 (a).	decision, action, policy, or condition, as having an adverse affect upon the
		ot an appeal. Write a note (GA-22, Request For Interview Form).
] 9.	Cannot appeal on behalf of another inmate/pe	erson, CCR 3084.2 (d) and 3084.3 (c) (7).
] 10.	Issue resolved at previous level of Appeal revi	iew, CCR 3084.3 (c) (8) and 3084.4 (d).
Commer	nts: VAL CAN Ser	10 a GA-ZZ 40 Olant
136	18 do Remark de	is 14 town assor -
/		
	RADBURY, CC I I ppeals Coordinator	Date 10/4/05

This screening decision may not be appealed unless you can support an argument that the above is inaccurate. In such a case, please return this form to the Appeals Office with the necessary supporting information.

State of California

Department of Corrections CDC Form 695

INMATE/PAROLEE APPEALS SCREENING FORM

. <u></u>	a: HIII	
		PBSP LOG NO:
CDC #	#: <u>E45048</u> cdc housing:	7-/2-248 1 20 THER LOG #:
YOUR .	APPEAL IS BEING RETURNED FOR THE FOLLO	WING REASON(S):
īĶī	attach evidence that shows you appeal being assigned to the If a staff member fails to respond	.3(c)(4) & 3084.5(a)(1), you failed and must attempted Informal resolution, prior to the First or formal Level of Appeal review. after 10 working days, use the Chain of Command members Supervisor, or unit/area Supervisors.
	[] Counselor [] PBSP R&R [X] Unit Officer [] PSU Prop. [] Mail Room [] PBSP SHU Prop [] Law Library [] Food Serv [] Work Supervisor	[] Med Clinic [] Records [] Dental Clinic [] I/M Assign [] Psych Office [] PBSP Trust Office [] Med Records [] Plant Ops [] Other
[]	proper documents. Follow instruct	ed the CDC Form 602, or have not attached the ions, attach the items noted below, send what why they are not available, 3084.3(c)(5):
	[] Supporting Documents & Receipts [] GA 22 Request For Interview [] CDC 115 Results With final dispo [] CDC 115 IE/DA information/Report [] CDC 115 Supplemental Reports [] CDC 114-D Lockup Order [] CDC 1030 Confidential Disclosure [] CDC 1030 Confidential Disclosure [] CDC 7219 Medical Report [] CDC 7219 Medical Report [] CDC 128-A [] CDC 128-B [] CDC 128-B [] CDC 128-G [] CDC 629A / 629B Assess SHU Term [] CDC 812 / A / B Critical / Enemy [] CDC 839/840 Class/Reclass Score [] CDC 958 Restoration Request [] CDC 1819 Correspondence Denial [] Other	[] CDC 1824 Reasonable/Accommodation [] CDC 7362 Health Care Req Co-Pay [] CDC 128-C Medical Chrono [] Cell Search Slip [] Property Inventory Receipt [] CDC 143 Prop. Transfer Receipt [] Package Inventory Slip [] Proof of Ownership / Value [] Board of Control Release Form [] Trust Statement [] CDC 193 Trust Acct Wthdrwl Ord [] Legal Status Summary [] Abstract of Judgment (AOJ) [] CDC 1858[PC 148.6/CCR 3391(d)] Info.Advis. [] Emerg. unwarranted CCR 3084.7(a) (2) (A)
[] ?	7. The iss : has been resolved, PI of the Second (Jarden's) Level of Ap	SSP Appeal Log
	8. Abuse of the appeal procedure:	0 1 1:
Commer /	ents: RIFU This appeal to you	a wright unt office for a m-
/gri	n summe	
D. W. B.	BRADBURY, CC IV Da	$\frac{9/16105}{te}$
	Appeals Coordinator	

This screening action may not be appealed unless the above reason/s are inaccurate and the inmate can provide supporting arguments against the screening decision.

PERMANENT APPEAL ATTACHMENT - DO NOT REMOVE

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

INMATE	/PAROLEE
APPEAL	FORM

CDC 602 (12/87)

Location: Institution/Parole Region

Log No.

Category 9-1

SUPPEDE FULL

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

Manuel Hill E45048 ASSIGNMENT	UNIT/ROOM NUMBER
A. Describe Problem: On Friday, AUS. 76, 7005, I SiAPRA And fell enter	visithe botton
	Pain. Guards
and medical personal had to come in and take me out the	
Section in a Strecher. I feel that my accident could have	
Prevented it the Showers here were equipt with Slip Pre-	
MEBSURE Such as the black grip mate permenantly affixed to the	
ensure of the General Population Showners. Here at PBSP - SHU,	
Such measures in Place to Prevent these accidents.	
If you need more space, attach one additional sheet.	
B. Action Requested: I INDUT to know have come there is no Slip Presenters	2. MPACILIES
here 24 PBSP-SHU. I INDUST to Known hand come out General Popula	SEM Noit
equipt whith size frequention measures and not the SHIP	
Inmate/Parolee Signature: Alamus Show Date Submitted:	8-29-05
C. INFORMAL LEVEL (Date Received: 3/19-05) Staff Response: This is a maintain ce 1550e prof custody.	
Staff Signature: 20 Males	9/2
Staff Signature: Date Returned to Inmate:	119-05
D. FORMAL LEVEL If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chror submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response. Plant Ons Hent out I'M.M./SHII' Chastineall to roughen Fabout of the leven shower when I fell on side in the country of the country	no, CDC 128, etc.) and
She so Diel for her nel policinal and China	-ne lower
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Signature:	aneal Number
Board of Control form 8C-1E Inmets Claim	opeal Number:

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Staff Signature:	•	Title:	Date Completed: / 3- 7. T - CV
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Division Head Approved:		Tale	
Signature:		Title:	Date to Inmate:
If dissatisfied, explain reasons for requestir	ng a Second-Level Review	v, and submit to Institution or	Parole Region Appeals Coordinator within 15 days
receipt of response.			
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Signature:			Date Submitted:
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Signature:		· · · · · · · · · · · · · · · · · · ·	Date Completed:
<u>*</u>			Date Determed to Locator
Warden/Superintendent Signature:			Date Returned to Inmate:
 H. If dissatisfied, add data or reasons for re response. 	equesting a Director's Le	evel Review, and submit by	mail to the third level within 15 days of receipt
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Signature:			Date Submitted:
For the Director's Review, submit all docume			
•	P.O. Box 942883		e e
	Sacramento, CA Attn: Chief, Inma		
•	Attii. Chiet, inma	re Whheais	
DIRECTOR'S ACTION: ☐ Granted ☐	P. Granted De	enied 🗌 Other	-
☐ See Attached Letter			. ,
			Date:

FIRST LEVEL SUPPLEMENTAL PAGE

RE:

PELICAN BAY STATE PRISON (PBSP)

Appeal Log # PBSP-C-05-02880 First Level Reviewer's Response

INMATE: HILL, E-45048

APPEAL DECISION: PARTIALLY GRANTED

APPEAL ISSUE:

You are claiming that on August 26, 2005, you slipped entering the lower tier shower, injuring your back. On August 29, 2005, you filed an Inmate/Parolee Appeal Form, California Department of Corrections (CDC) Form 602, asking to have slip prevention measures in the Security Housing Unit (SHU) showers.

APPEAL RESPONSE:

A review of your appeal has been completed. Your appeal has received careful consideration. Correctional Sergeant M. Traylor interviewed you concerning the contents of this appeal on December 6, 2005. During the course of the interview, you stated essentially the same information as that which was provided in your written appeal on this issue.

DETERMINATION OF ISSUE:

PBSP SHU showers are installed with non-slip tile according to the maintenance staff. PBSP SHU maintenance staff has informed Sergeant Traylor that the cement just outside the showers has been "roughed-up," because typically, this is where most slips have occurred in the past. Unit staff are responsible for inspections, and if the cement outside the showers needs work, Unit staff will submit a California Department of Corrections Form 1064, Work Order Request, to Plant Operations staff who are responsible for this repair. PBSP SHU maintenance staff advised Sergeant Traylor that they would repair the cement portion, if a work order was submitted. Based on the above information, your appeal is PARTIALLY GRANTED at the First Level of Review.

S. C. WHEELER

Facility Captain

Facility C

Associate Warden (A)

Security Housing Unit

Date

12-12-03

PELICAN BAY STATE PRISON SECOND LEVEL REVIEW

DATE:

JAN 2 4 2006

G-FILE

Inmate HILL, E-45048
Pelican Bay State Prison
Facility C, Security Housing Unit
Building 12, Cell 120

RE: WARDEN'S LEVEL DECISION APPEAL LOG NO. PBSP-C-05-02880

APPEAL: DENIED

ISSUE: LIVING CONDITION

This matter was reviewed by RICHARD J. KIRKLAND, Warden, at Pelican Bay State Prison (PBSP). Correctional Sergeant M. Traylor conducted the Appeal interview at the First Level of Appeal Review on December 6, 2005.

ISSUES

Inmate Hill is requesting that non-slip material be put into the showers to prevent future accidents.

FINDINGS

Ι

The inmate states that on August 26, 2005, he slipped while entering a shower in the Security Housing Unit (SHU) and injured himself. The inmate states in his original appeal dated August 29, 2005, that his accident could have been prevented had there been black grip mats permanently affixed to the floor in the entrance of the shower as they are in the General Population (GP) yards. The inmate questioned why the SHU did not have slip prevention measures like the GP yard. The inmate was dissatisfied that maintenance roughened up the floor in front of the showers to help prevent someone from slipping. The inmate stated that he slipped in the shower.

Π

The inmate was dissatisfied with the First Level Response, restating that the problem is not the outside of the shower but the inside which is slippery after a few showers have been run.

DETERMINATION OF ISSUE

The inmate requests mats for entrance of the showers to prevent accidents but then at the next level alleges that he fell in the shower; therefore, a mat at the entrance of a shower would have not prevented him from slipping. The GP yards do not have black grip mats affixed to the entrance of the showers as the inmate alleges in his appeal. Mats affixed to the floor would promote mold and bacteria, causing a potential health problem.

The inmate determined his fall was due to the shower floor becoming slippery after a few showers had been run for inmates. As shower floors will always have the potential of becoming slippery regardless of being made of non-slip material, inmates need to take preventive measures to help reduce the problem.

Supplement Page 2 HILL, E-45048 Appeal # PBSP-C-05-02880

Showers promote mold and bacteria to grow and most people prefer to wear shower shoes when showering in a public showers. As with all shoes, shower shoes wear out and the bottoms will become smooth which would contribute to slipping on a wet surface; therefore, the inmate needs to assess the wear on his shower shoes to determine when they become unsafe and should be replaced.

A person slipping in a shower could be contributed to a build up of soap scum on the floor. The staff in C12 where the inmate was housed when he slipped stated that the showers are cleaned numerous times during the week. Inmates need to be observant when they get in the showers that someone before them did not drop soap or shampoo on the floor.

The California Code of Regulations (CCR), Title 15, Section 3064, states in part, "Inmates must keep their quarters and surroundings neat, clean and sanitary." While the cleaning of the showers may be the responsibility of other inmates assigned to clean them all the inmates need to be respectful of the next inmate using the shower and make sure the floors are free of shampoo or soap that may cause someone to slip.

The inmate's request for non-slip material to be placed in the showers is DENIED. Materials used in the construction of the showers are non-slip and any additional materials placed on top of the floor would have the same potential to become slippery if not kept clean.

MODIFICATION ORDER

No modification of this decision or action taken is required.

RIČHARD J. KIRKLAND

Warden

Pelican Bay State Prison

PLS #19 01/17/06

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A.	PP	EΑ	LF	0	RN	/		
CDC	602	(12/8)	7)					

ation:	Institution Parole Region	, 100 No.	Category
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You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification and committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

for using the appeals procedure responsibly.	
NAME NUMBER ASSIGNMENT E45648 ASSIGNMENT	UNIT/ROOM NUMBER
A. Describe Problem: ON August 26, 2005. I stipped entering the	bottom Shower
and injured my back severely, and I'm still in m	uch pain - On 5-29-0
I filed a look asking why there are no slip-	prevention measure
in SHU showers but they are in General Popula	tion Showers. On
10-5-05 or 10-6-05 I Followed CCII BroadBUTY'S 305}	ructions and sent
a GA-22 to plant Ops asking why. A month late	r. I haven't gotten
an answer. Plant Ops sent (M.M. 181411) Mr. Gastine	2001 to roughen the
Ploor in Front of the shower, but I slipped (-in") the	Shower.
If you need more space, attach one additional sheet.	
B. Action Requested: Put Now-Stip material, like in General into SHU Showers to prevent Future accide	Population Showers,
Inmate/Parolee Signature: Marial 3600 D	ate Submitted: 11-7-65
C. INFORMAL LEVEL (Date Received: 11/7/5)	
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as icous that must be dealt with by Plant Operations. It is n	ut , custody issur
an issue that must be dealt with by Plant Operations. It is not spiral that I am responsible for running the shower	pragram.
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Staff Signature: At Fills - Parish, 70, C-12 Control Date Return	rned to Inmate: 11/7/5
D. FORMAL LEVEL	:
If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Cla	ssification chrono, CDC 128, etc.) and
submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response	showed text
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Signature: A Committee of the second	oro Submitted
Note: Property/Funds appeals must be accompanied by a completed	ate Submitted:
Board of Control form BC-1E, Inmate Claim	

First Level Granted P. Granted	☑ Denied ☐ Other	
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Interviewed by:	rech	
-00:	- CA	42 167
		11-17-07
Staff Signature:	Title:	Date Completed: 12-8-03
Division Head Approved: Signature:	Title: Af Hat A	Returned 12-19-65
	econd-Level Review, and submit to Institution or Parc	ole Region Appeals Coordinator within 15 days of
receipt of response.	1	
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outside of the Sho	wer. Instead it is g	omg on the inside
of the SHU- Shower	- where it becomes	very slippery
after a Few Shows	ers has been van Fa	er inmates!
Signature: Manuel 7600	,	Date Submitted: 12-28-65
Second Level Granted P. Granted	☐ Denied ☐ Other	The state of the s
G. REVIEWER'S ACTION (Complete within 10 work	and the second of the second o	Due Date: 1-30-06
See Attached Letter		and the second s
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H. If dissatisfied, add data or reasons for request	ting a Director's Level Review, and submit by mai	to the third level within 15 days of receipt of
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Signature:		Date Submitted:
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DIRECTOR'S ACTION: ☐ Granted ☐ P. G ☐ See Attached Letter	ranted (1999) Denied (1991) Other (1991) Section (1991)	A STATE OF THE STA
CDC 602 (12/87)		Date:
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FIRST LEVEL SUPPLEMENTAL PAGE

RE:

PELICAN BAY STATE PRISON (PBSP)

Appeal Log # PBSP-C-05-02880 First Level Reviewer's Response

INMATE: HILL, E-45048

APPEAL DECISION: PARTIALLY GRANTED

APPEAL ISSUE:

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APPEAL RESPONSE:

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DETERMINATION OF ISSUE:

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S. C. WHEELER

Facility Captain

Facility C

12-19-01

Date

. M. WILLIAMS

Associate Warden (A) Security Housing Unit Date

12-19-05

STATE OF CALIFORNIA

NAME

Location: Institution/Parole Region

NUMBER

Category 9-1 Log No.

INMATE/PAROLEE APPEAL FORM CDC 602 (12/87)

UNIT/ROOM NUMBER

DEPARTMENT OF CORRECTIONS

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

ASSIGNMENT

Drowles I wholed My Mack SEVENTY	and Whenth in Minch Pain. Guards
and medical Personal had to come in	and take me out the housing
Section in a Stiecher. I feel that m	1 accident could have been
Prevented if the Showers here wer	2 equipt mith Slip Preventine
MERSURES Such as the black grip mats per	menanth affixed to the floor in the
enfrence of the general Population Showlers	Here at PBSP-SHU, there is no
Such measures in Place to Prevent these	accidents.
If you need more space, attach one additional sheet.	
B. Action Requested: I Ward to Know haw Come t	Here is No Slip Predonline modelines
here 24 PRSP-SHILL I Want to know how	Come only General Population Mas
RALE 23-285M NOW PREVENTION MEDSICES BUNK	not the SHI?
Inmate/Parolee Signature: Manual Hold	Date Submitted: 8-29-05
C. INFORMAL LEVEL (Date Received: 9/19-05)	
Staff Response: This is a maintaine 1551c Mot	- cuching
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90000	9
Staff Signature: (CT) (R K) Towns	Date Returned to Inmate: /(4,-0)
D. FORMAL LEVEL	
If you are dissatisfied, explain below, attach supporting documents (Completed CDC 1 submit to the Institution/Parole Region Appeals Coordinator for processing within 1	
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Shower. Man 1 / 25 has not returned my	10000
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Board of Control form BC-1E, Inmate Claim	

First Level Granted P. Granted 🔲 I	Denied 🔲 Other	
E. REVIEWER'S ACTION (Complete within 15 working days):		
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Staff Signature:	Title:	Date Completed: / ユーローー
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F. If dissatisfied, explain reasons for requesting a Second-Lev receipt of response.	rel Review, and submit to Institution or Pard	ole Region Appeals Coordinator within 15 days of
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	Denied Other	
G. REVIEWER'S ACTION (Complete within 10 working days	: Date assigned:	Due Date:
See Attached Letter	•	
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Signature:		Date Completed:
Warden/Superintendent Signature:	:	Date Returned to Inmate:
H. If dissatisfied, add data or reasons for requesting a Dir	ector's Level Review, and submit by mai	I to the third level within 1.5 days of receipt of
response.		e e e e e e e e e e e e e e e e e e e
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DIRECTOR'S ACTION: ☐ Granted ☐ P. Granted	☐ Denied ☐ Other	
See Attached Letter		Date:
CDC 602 (12/87)		

State of California

Department of Corrections CDC Form 695

INMATE/PAROLEE APPEALS SCREENING FORM

NAME: HIII	PBSP LOG NO:
CDC #: <u>E45048</u> CDC HOUSING:	1-/2-248 120 DOTHER LOG #:
YOUR APPEAL IS BEING RETURNED FOR THE F	OLLOWING REASON(S):
attach evidence that shows appeal being assigned to the lf a staff member fails to resp	3084.3(c)(4) & 3084.5(a)(1), you failed and must you attempted Informal resolution, prior to the e First or formal Level of Appeal review. ond after 10 working days, use the Chain of Command taff members Supervisor, or unit/area Supervisors.
[] Counselor [] PBSP R&R [X] Unit Officer [] PSU Prop. [] Mail Room [] PBSP SHU [] Law Library [] Food Serv [] Work Supervisor	[] Med Clinic [] Records [] Dental Clinic [] I/M Assign Prop. [] Psych Office [] PBSP Trust Office [] Med Records [] Plant Ops [] Other
proper documents. Follow inst	pleted the CDC Form 602, or have not attached the ructions, attach the items noted below, send what ain why they are not available, 3084.3(c)(5):
[] CDC 115 Results With final dis [] CDC 115 IE/DA information/Reports [] CDC 115 Supplemental Reports [] CDC 114-D Lockup Order [] CDC 1030 Confidential Disclosus [] Tab_Fesults Shaet [] CDC 7219 Medical Report [] CDC 128-A [] CDC 128-B [] CDC 128-G [] CDC 629A / 629B Assess SHU Ter [] CDC 812 / A / B Critical / Ene [] CDC 839/840 Class/Reclass Scor [] CDC 958 Restoration Request	[] CDC 1824 Reasonable/Accommodation Spo [] CDC 7362 Health Care Req Co-Pay Ort [] CDC 128-C Medical Chrono [] Cell Search Slip [] Property Inventory Receipt Ire [] CDC 143 Prop. Transfer Receipt [] Package Inventory Slip [] Proof of Gwnership / Value
[] 7. The isser has been resolved, of the Second (larden's) Level of	PBSP Appeal Log . A copy of Appeal review is accached CCR 3084.2(g)(1)(2(3).
[] 8. Abuse of the appeal procedure:	
Comments: RIFU This approach to	can unsone unt offeric for a in-
June response	
. W. BRADBURY, CC IV	$\frac{9/16105}{\text{Date}}$
BSP Appeals Coordinator	

This screening action may not be appealed unless the above reason/s are inaccurate and the inmate can provide supporting arguments against the screening decision.

PERMANENT APPEAL ATTACHMENT - DO NOT REMOVE

PESP

State of Galifornia

Department of Corrections CDC Form 695

INMATE/PAROLEE DISCIPLINARY APPEALS SCREENING FORM

	1	PBSP Log #
Name	FU	5048 C12-248 120L
Number		Housing
YOUR	APPEAL	IS BEING REJECTED/CANCELED AND RETURNED FOR THE FOLLOWING:
Screenig	ng Appeals	Rejection Criteria
[]4.	The reso	olution is not within CDC's jurisdiction, CCR 3084.2 (e) and 3084.3 (c) (1).
[] 2.	The app [] (a) [] (b) [] (c)	Your appeal has been completed at the Level, Log # Level,
[] 3.	The app	eal concerns an anticipated action or decision, CCR 3084.3 (c) (3).
[] 6.		eal exceeds the 15 working days time limit, and the inmate has failed to offer a credible explanation as to why hed not submit the appeal within the time limit, CCR 3084.2 (c), 3084.3 (c) (6), and 3084.6 (c) (effective Nov.96).
J 8.	Abuse of [] (a)	f the appeal process/Right to Appeal (effective November 1996) Excessive filings. Submission of more than one non-emergency appeal within a seven-calendar-day period is excessive, CCR 3084.4 (a). Inappropriate statements. The Appeal contains false information, profanity, or obscene language, the appeal is rejected, CCR 3084.4 (b).
	[] (¢)	Excessive verbiage. Appeal cannot be understood or is obscured by pointless verbiage or voluminous, unrelated documentation, CCR 3084.4 (c). [] (1) Only allowed 1 added page, front and back, to describe the problem and action requested in sections A and E per CCR 3084.2 (a) (1). [] (2) Only support documentation, necessary to clarify appeal shall be attached to appeal, per CCR 3084.2 (a) (2). Lack of cooperation. Appellant refused to cooperate and / or interview with the reviewer which has resulted in cancellation of the appeal per CCR 3084.4 (d). [] (1) Your appeal was screened out and returned to you with instructions:
	[] (e)	Failed to reasonably demonstrate the decision, action, policy, or condition, as having an adverse affect upon the inmate's welfare, per CCR 3084.1 (a). This is a request for information. It is not an appeal. Write a note (GA-22, Request For Interview Form).
9.	Cannot 2	appeal on behalf of another inmate/person, CCR 3084.2 (d) and 3084.3 (c) (7).
] 10.		solved at previor level of Appeal review, CCR 3084.3 (c) (8) and 3084.4 (d). (IM CAN Sence Of CAR - ZZ +6 Slaim + (M) Reignest Miss / M-foremetro.
	ADBURY ppeals Coo	

This screening decision may not be appealed unless you can support an argument that the above is inaccurate. In such a case, please return this form to the Appeals Office with the necessary supporting information.